RCRARep Handler Detail Report

Report run on: February 22, 2016 5:12 PM

Facility Information

ID / Dist Name / Location Address ... County Regulated Activity

NJD981131865 NU WAY CLEANERS

CENTRAL 321 343 W MAIN ST

FREEHOLD TWP NJ 07728 MONMOUTH

Other State Interests

-State Not a generator, Verified

Sources Overwritten Prior to 2001 (before RCRA kept history for activity/address/contact)

09/11/13 N Notification

06/05/12 N Notification

01/01/07 I State/EPA

01/01/06 I State/EPA

08/15/85 N Notification

Extract Flag

All data for this Handler is released to the Public (except any enforcement-sensitive CME data)
Activity Location

Handler Module Data for NJ State only

Previous/Other Site Name

06/05/12 Notification NU-WAY CLEANERS

Location Address

09/11/13 Notification 321 343 W MAIN ST

MONMOUTH (NJ025)

FREEHOLD TWP, NJ 07728 State District: CENTRAL Land Type: Private (P)

06/05/12 Notification 343 W MAIN ST

343 W MAIN ST

MONMOUTH (NJ025)

FREEHOLD, NJ 07728 State District: CENTRAL Land Type: Private (P) RTE 537 W MAIN ST

01/01/07 State/EPA RTE 537 W MAIN ST

MONMOUTH (NJ025)

FREEHOLD, NJ 07728 State District: CENTRAL

Land Type: ()

North American Industrial Classification (NAICS)

09/11/13 Notification 81232 06/05/12 Notification 81232

81232 DRYCLEANING AND LAUNDRY SERVICES (EXCEPT COIN-OPERATED)

Mailing Address

09/11/13 Notification 321 W MAIN ST

FREEHOLD, NJ 07728

01/01/07 State/EPA RTE 537 W MAIN ST FREEHOLD, NJ 07728

Contact

09/11/13 Notification LARRY METZ

321 W MAIN ST

FREEHOLD, NJ 07728 Phone: (732)462-1991

eMail: LMETZ@CAPITALREALTYNJ.COM

08/15/85 Notification JOO NAM SEUNG

RTE 537 W MAIN ST

RCRARep Handler Detail Report

February 22, 2016 5:12 PM Report run on:

(Other land type)

(Other land type)

(Private)

(Private)

NJD981131865

Contact

FREEHOLD, NJ 07728 Phone: (732)462-9191

Legal Owner/Operator of Site

09/11/13 Notification

Current Owner from 06/05/2012 -

NUWAY CLEANERS 321 W MAIN ST

FREEHOLD, NJ 07728 Phone: (732)462-1991

06/05/12 Notification

Current Owner from 08/22/2000 -

D & L REALTY ASSOC LLC

321 W MAIN ST

FREEHOLD, NJ 07728 Phone: (732)462-1991

06/05/12 Notification

Current Operator from 05/24/2012 -

GWS CONTRACTORS

321 W MAIN ST

FREEHOLD, NJ 07728 Phone: (732)462-1991

01/01/07 State/EPA

Current Owner from -

OWNERNAME

NOT REQUIRED

NOT REQUIRED, WY 99999 Phone: (212)555-1212

Notes: This record created to coincide with EPA Mass Update for 01/

01/2007 on Rundate: 06/11/2008

Regulated Hazardous Waste Activities

09/11/13 Notification

Federal Not a Generator

06/05/12 Notification

Federal Large Quantity Generator

01/01/07 State/EPA

Federal Not a Generator

01/01/06 State/EPA

Federal Not a Generator

08/15/85 Notification

Federal Large Quantity Generator

Waste Codes

09/11/13 Notification D008 06/05/12 Notification F002 08/15/85 Notification F002

DOOR

F002 THE FOLLOWING SPENT HALOGENATED SOLVENTS: TETRACHLOROETHYLENE, METHYLENE CH LORIDE, TRICHLOROETHYLENE, 1,1,1-TRICHLOROETHANE, CHLOROBENZENE, 1,1,2-TRIC HLORO-1,2,2-TRIFLUOROETHANE, ORTHO-DICHLOROBENZENE, TRICHLOROFLUOROMETHANE, AND 1,1,2, TRICHLOROETHANE; ALL SPENT SOLVENT MIXTURES/BLENDS CONTAINING, BEFORE USE, A TOTAL OF TEN PERCENT OR MORE (BY VOLUME) OF ONE OR MORE OF TH E ABOVE HALOGENATED SOLVENTS OR THOSE SOLVENTS LISTED IN F001, F004, AND F0 05; AND STILL BOTTOMS FROM THE RECOVERY OF THESE SPENT SOLVENTS AND SPENT S OLVENT MIXTURES.

Certification

09/11/13 Notification

MGR LARRY METZ

Signed: 09/10/13

06/05/12 Notification

MGR LARRY METZ

RCRARep Handler Detail Report

Report run on: February 22, 2016 5:12 PM

NJD981131865

Certification

01/01/07 State/EPA

Signed: 05/31/12

BRS-MANIFEST MASS UPDATE

Signed: 01/01/07

01/01/06 State/EPA BRS CYCLES 2001 2003 2005 BRS 2001 2003 2005

Signed: 01/01/06

Form Approved OMB No. 158-S79016 GSA No. 0246-EPA-OT

U.S. ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is				
INSTALLA- AGENCY, REGION LL					
TION'S EPA					
I. STALLATION	complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted				
INSTALLA- TION II. MAILING DI FASE DI ACE LA DEL IN THIS CDACE	label, complete all items. "Installation" means a single site where hazardous waste is generated,				
PLEASE PLACE LABEL IN THIS SPACE	treated, stored and/or disposed of, or a trans- porter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFI-				
LOCATION	CATION before completing this form. The information requested herein is required by law				
III OF INSTAL-	(Section 3010 of the Resource Conservation and Recovery Act).				
I FOR OFFICIAL LICE ONLY	beaut with a training and a sound of the same				
FOR OFFICIAL USE ONLY COMMENTS					
<[C					
INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., & day)	35				
5 N J D 9 8 N 1 3 1 8 6 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
I. NAME OF INSTALLATION	The second secon				
MU-WAY CLEAMERS	67				
II. INSTALLATION MAILING ADDRESS STREET OR P.O. BOX					
3 S AND 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
J J J J J J J J J J J J J J J J J J J					
4					
III. LOCATION OF INSTALLATION	- 51				
STREET OR ROUTE NUMBER					
5 KT 537 WEST MAIN ST 15 15 15 15 15 15 15 15 15 15 15 15 15					
CITY OR TOWN ST. ZIP CODE					
15 16 41 42 47 51					
IV. INSTALLATION CONTACT NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)				
2	2011-962-9/9/				
V. OWNERSHIP					
A. NAME OF INSTALLATION'S LEGAL OWNER	X. CF. 8111 1 1 1 1 1 1 1 1				
SEUNG JOO NAM 15 16 (enter the appropriate letter into how) VI. TYPE OF HAZARDOUS WASTE ACTIVITY (etc.)	55				
The appropriate letter into ooa)	TRANSPORTATION (complete item VII)				
F = FEDERAL M = NON-FEDERAL C. TREAT/STORE/DISPOSE	UNDERGROUND INJECTION				
VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate					
G1 A. AIR G2 B. RAIL G3 C. HIGHWAY G4 D. WATER G5 E. OTHER (specify):					
VIII. FIRST OR SUBSEQUENT NOTIFICATION					
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.					
C. INSTALLATION'S EPA I.D. NO.					
A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)					
IX. DESCRIPTION OF HAZARDOUS WASTES Please go to the reverse of this form and provide the requested information.					

			I.D FOR OFFICIAL USE ONLY	
			w III	T/A C
IX. DESCRIPTION OF HAZARDOUS WASTE	S (continued from (front!		- 13 14 15
A. HAZARDOUS WASTES FROM NON-SPECIFIC waste from non-specific sources your installation	SOURCES. Enter the f	four-digit number from	40 CFR Part 261.31 for	r each listed hazardous
1 2	3	4	5	6
23 26 23 29	23 - 26	23 - 26	23 - 26	23 - 26
7 8	9	10	11	12
		23 - 26		
B. HAZARDOUS WASTES FROM SPECIFIC SOURCE specific industrial sources your installation handles		igit number from 40 CF	R Part 261.32 for each li	isted hazardous waste from
13 14	15	16	17	2 18 2 10 863
23 - 26 19 20	23 - 26	23 - 26	23 - 26	23 - 26
23 - 26 25 26	23 - 26 27	23 - 26	23 - 26	30
C. COMMERCIAL CHEMICAL PRODUCT HAZARD	OUS WASTES. Enter	the four-digit number	from 40 CFR Part 261.3	3 for each chemical sub-
stance your installation handles which may be a ha				AM TALL LIVE TO BE
31 32	33	34	35	36
23 - 26 23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37 38	39	40	41	42
23 - 26 23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43 44	45	46	47	48
23 - 26 23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
D. LISTED INFECTIOUS WASTES. Enter the four— hospitals, medical and research laboratories your in				from hospitals, veterinary
49 50	51	52	53	54
23 - 26 23 - 26	23 : 26	23 : 26	23 - 26	3 26
E. CHARACTERISTICS OF NON-LISTED HAZARI hazardous wastes your installation handles. (See 4)	DOUS WASTES. Mark	"X" in the boxes corre	sponding to the character	ristics of non-listed
1. IGNITABLE	2. CORROSIVE	3. REAC	TIVE	☐4. TOXIC
(D001) (D00	12)	(D003)		(D000)
X. CERTIFICATION I certify under penalty of law that I have postate attached documents, and that based on my is I believe that the submitted information is transiting false information, including the possib	nquiry of those indi ue, accurate, and co	ividuals immediately omplete. I am aware	responsible for obtain	ining the information.
SIGNATURE	NAME & OFF	ICIAL TITLE (type or p	print)	DATE SIGNED
Jeung so haw	Sour	16 100 N	4m	7/29/85